

## RDA GRANTEE MONTHLY UTILIZATION REPORT

This report should be completed and submitted monthly by each RDA Grantee. A self-certification form or state issued certification letter, if applicable, must accompany each entry at its initial appearance on the report. Use additional sheets if necessary. Each individual report must have an original signature. Reports should be submitted no later than the 5<sup>th</sup> of every month to: [rda@successwithods.com](mailto:rda@successwithods.com). If you have any questions, please contact your compliance representative at (219) 395-9564.

Utilization Goals	MBE: 15% WBE: 5%		Reporting Period (Please check) <input type="checkbox"/> July 09 <input type="checkbox"/> Aug 09 <input type="checkbox"/> Sept 09 <input type="checkbox"/> Oct 09 <input type="checkbox"/> Nov 09 <input type="checkbox"/> Dec 09 <input type="checkbox"/> Jan 10 <input type="checkbox"/> Feb 10 <input type="checkbox"/> Mar 10 <input type="checkbox"/> Apr 10 <input type="checkbox"/> May 10 <input type="checkbox"/> June 10				
Name of Grantee:		Address:		City:		State:	Zip:
Contact Person:		Title:				Department:	
Phone:		Fax:				Email:	
Name of Project:						Start Date:	End Date:
<b>Total Grant Amount:</b>	\$		<b>Total MBE Amount:</b>	\$		<b>Total WBE Amount:</b>	\$
<b>Amount Spent This Month:</b>	\$		<b>Amount Spent this Month:</b>	\$		<b>Amount Spend this Month:</b>	\$
<b>Balance as of this Report:</b>	\$		<b>Balance as of this Report:</b>	\$		<b>Balance as of this Report:</b>	\$
List all firms receiving payment using RDA funds on this project	Type of Firm		Total Contract Amount			Payment Information	Balance to be Paid
	MBE	WBE					
Name:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$		Previous: \$	\$
Address:			Adjustments:	\$			
City: State:      Zip:				Rev. Contract Amount:	\$		
Name:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$		Previous: \$	\$
Address:							
City: State:      Zip:							

List all firms receiving payment using RDA funds on this project	Type of Firm		Total Contract Amount		Payment Information	Balance to be Paid
	MBE	WBE				
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name:  Address:  City: State:                  Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$

List all firms receiving payment using RDA funds on this project	Type of Firm		Total Contract Amount		Payment Information	Balance to be Paid
	MBE	WBE				
Name: Address: City: State:                      Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name: Address: City: State:                      Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name: Address: City: State:                      Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name: Address: City: State:                      Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
Name: Address: City: State:                      Zip:	<input type="checkbox"/>	<input type="checkbox"/>	Contract Amount:	\$	Previous: \$  Current: \$	\$
<p>I, <i>(insert name and company here)</i>, affirm by my signature below that I am an authorized representative of <i>(insert company name here)</i> and that the information provided on this report is accurate and has not been falsified.</p>						
Signature:				Date:		